

Welfare-to-Work 15-Percent WtW Grant Program On-Site Monitoring Guide

Prepared By
Compliance Review Division
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**15-PERCENT WELFARE TO WORK (WtW)
PROGRAM ON-SITE MONITORING GUIDE**

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PROGRAM ON-SITE MONITORING GUIDE

Background and Instructions

The purpose of this guide is to provide the monitor with information to conduct an on-site review of the Subgrantee's Welfare to Work (WtW) program operations. As stated in the transmittal letter, the monitor will monitor for compliance with applicable federal and state laws, regulations, and policies related to WtW. The review will consist of interviews with Subgrantee staff and participants, a review of WtW participant case files, a review of eligibility policies and procedures and any other pertinent information needed to review the Subgrantee's 15-Percent WtW grant.

If the Subgrantee has any questions about the guide or the review please contact your monitor or their supervisor at the following phone numbers referenced below.

The following block is to be completed by CRD staff, prior to mailing to the Subgrantee

Subgrantee: _____

Executive Director/Administrator: _____

Contact Person: _____ Phone _____

CRD Monitor: _____ Phone _____

CRD Supervisor: _____ Phone _____

I. PROGRAM OPERATIONS

A. RECRUITMENT/REFERRAL

1. Describe the Subgrantee's recruitment/referral process.

B. ELIGIBILITY

Obtain and review a copy of the Subgrantee's eligibility policies and procedures.

1. How does the Subgrantee ensure that WtW eligibility determination is based on information current at the time the participant is enrolled into the WtW program. (6 months) [20 CFR 645.214]

2. Does the Subgrantee's eligibility procedures include the following:
[WtW Directive WD01-6]

- ☐ Presumptive eligibility determination
- ☐ Personal responsibility contract
- ☐ Acceptable documentation for self-attestation
- ☐ Local definitions for significant barriers to self-sufficiency
- ☐ Local definitions for full time employment
- ☐ Local definitions for characteristics associated with and long term welfare dependency

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3. For Subgrantee's whose program serves non-custodial parents (NCP) what are the policies and procedures for determining eligibility. **Note:** Subgrantees must develop written procedures that describe how preference will be provided to NCPs and how other NCPs eligibles will be served.

[20 CFR 645.212(c)(20(l); 645.214 ; 645.215(a) and WtW Directive WD01-6]

4. What mechanisms does the subgrantee have in place to coordinate with the following agencies in determining WtW participant eligibility and coordination of services for NCPs. **Note:** Subgrantees must have a written policy that addresses how it will work with the organizations listed below to facilitate exchange of eligibility information. [20 CFR 645.214(b)(1), 645.215 and WtW Directive WD01-6]

(a) CWD

(b) Local Child Support Services

(c) Local Domestic Violence Prevention and Intervention Organizations

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5. How does the Subgrantee ensure that no more than 30-percent of its allotted WtW funds are spent on other eligibles. [20 CFR 645.211]

6. Please list the documentation the Subgrantee collects and maintains to verify WtW participant eligibility.

<u>ELIGIBILITY FACTOR</u>	<u>DOCUMENT(S) REQUIRED FOR VERIFICATION</u>
TANF/CalWorks Assistance	
Non-Custodial Parent 1. Unemployed 2. Underemployed 3. Difficulty Paying Child Support	
Characteristics associated with Long-Term Welfare dependence	
Significant barriers to self-sufficiency (local definition policies)	
Foster-care for youth age 18-24	
Custodial parent with income below 100% of poverty line.	

C. ASSESSMENT/INDIVIDUALIZED STRATEGY

Obtain and review a copy of the Subgrantee assessment form and the instructions used for completion.

1. How does the Subgrantee assess the WtW participant's skills, prior work experience, and employability? Does the Subgrantee coordinate with CWD so that the assessments do not duplicate CWD. [20 CFR 645.225(b)]

2. How does the Subgrantee use the TANF individual responsibility plan (IRP), or a WIA individual employment plan (IEP) for each participant to develop an individualized strategy for transition into unsubsidized employment. [20 CFR 645.225(c)]

3. How does the Subgrantee ensure that WtW participants are receiving appropriate WtW activities and services based on their needs and the information contained in their assessments or individual strategies? [20 CFR 645.225]

D. CASE MANAGEMENT

1. What system has the Subgrantee implemented to share case management information and responsibilities of its WtW participants with CWD.

[20 CFR 645.430]

2. How often do case managers contact WtW participants in employment activities and how are those contacts documented?

E. WtW ACTIVITIES

1. Briefly describe how the Subgrantee has implemented the provision of applicable WtW activities as stated in its local plan/proposal or subgrant. [20 CFR 645.220]

WtW ACTIVITY/SERVICE	DESCRIPTION OF ACTUAL ACTIVITIES/SERVICES
JOB READINESS	
VOCATIONAL EDUCATIONAL TRAINING OR JOB TRAINING	
EMPLOYMENT ACTIVITIES	
JOB PLACEMENT SERVICES	
POST EMPLOYMENT	
JOB RETENTION AND SUPPORT SERVICES	
INDIVIDUAL DEVELOPMENT ACCOUNTS	

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2. How does the Subgrantee determine that job retention services and support services provided to WtW participants are not otherwise available from other sources? [20 CFR 645.220(f)]

3. If the Subgrantee provides substance abuse treatment with WtW funds, how does it ensure that those funds are not used for medical treatment? [20 CFR 645.220(f)(2)]

4. What services, if any, has the Subgrantee contracted out?

15% WtW CASE FILE REVIEW WORKSHEET

Subgrantee: _____ Monitor: _____ Date: _____

I	PARTICIPANT DATA		
	1 Participant Name: _____	2 Social Security Number / /	3 Enrollment Date: _____
II	ELIGIBILITY Section 645.212 of 20 CFR		
4	PRIMARY ELIGIBILITY PROVISION <input type="checkbox"/> Current TANF Recipient (30 months or more) <input type="checkbox"/> Is within 12 months or less of reaching lifetime TANF assistance <input type="checkbox"/> Reached lifetime TANF assistance <input type="checkbox"/> Noncustodial Parent of a minor that is unemployed, underemployed, or is having difficulty paying child support AND meets one of the following: <input type="checkbox"/> Minor child or custodial parent of the NCP Child has received TANF 30 mos or more or is within 12 months or less of reaching lifetime TANF assistance <input type="checkbox"/> Minor child is eligible for or is receiving TANF <input type="checkbox"/> Minor child received TANF in the 12 mos period prior to eligibility determination but no longer on TANF <input type="checkbox"/> Minor child is eligible for or is receiving assistance under the Food Stamp program, Supplemental Security Income program, Medicaid, or the Children's Health Insurance Program and <input type="checkbox"/> Enter into a Personal Responsibility Contract? Documentation Reviewed: _____ Eligibility based on current information? <input type="checkbox"/> Yes <input type="checkbox"/> No (6 months prior to eligibility) Date _____		
5	30 % ELIGIBILITY PROVISION <input type="checkbox"/> Current TANF Recipient AND meets one of the following: <input type="checkbox"/> Dropped out of school <input type="checkbox"/> Teenage pregnancy <input type="checkbox"/> Poor work history <input type="checkbox"/> Locally defined characteristics associated with or predictive of long-term welfare dependence (Specify) _____ <input type="checkbox"/> Locally defined significant barriers to self-sufficiency <input type="checkbox"/> Youth 18 to 24 who received foster care before attaining 18 years of age <input type="checkbox"/> Custodial parent with income below 100% of the poverty line Documentation Reviewed: _____ Eligibility based on current information? <input type="checkbox"/> Yes <input type="checkbox"/> No (6 months prior to eligibility) Date _____		
III	ASSESSMENT & INDIVIDUALIZED STRATEGY Section 645.225 (b) of 20 CFR		
	6 Assessment Date (found on enrollment form): _____ ISS Date: _____ (Note type of assessment conducted and documentation reviewed) <input type="checkbox"/> Basic Skills _____ Grade Level _____ Reading _____ Math _____ <input type="checkbox"/> Prior Work _____ <input type="checkbox"/> Interests _____ <input type="checkbox"/> Check this box if it appears that no assessment was conducted and provide explanation. _____ <input type="checkbox"/> Occupational Skills _____ <input type="checkbox"/> Employability _____ <input type="checkbox"/> Aptitudes _____ <input type="checkbox"/> Supportive Service Needs _____		
IV	JOB READINESS ACTIVITIES Section 645.220 (a) of 20 CFR		
	7 Activities financed through: <input type="checkbox"/> Job Voucher or <input type="checkbox"/> Contract <input type="checkbox"/> Job Search <input type="checkbox"/> Job Club <input type="checkbox"/> Resume Writing <input type="checkbox"/> Interviewing Skills <input type="checkbox"/> Self-Employment Preparation <input type="checkbox"/> Other _____		
V	PRE-EMPLOYMENT ACTIVITIES Section 645.220 (b) of 20 CFR		
	8 Up to six months of <input type="checkbox"/> Vocational Educational Training <input type="checkbox"/> Job Training		
VI	EMPLOYMENT ACTIVITIES Section 645.220 (c) of 20 CFR		
	9 <input type="checkbox"/> Community Service (public or private non-profit employers) <input type="checkbox"/> On-the-Job Training (public or private employers) <input type="checkbox"/> Work Experience (public or private employers) <input type="checkbox"/> Job Creation Activity concurs with assessment and MIS? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____		
VII	JOB PLACEMENT SERVICES Section 645.220 (d) of 20 CFR		
	10 Activities financed through: <input type="checkbox"/> Job Vouchers or <input type="checkbox"/> Contracts If voucher, was 50% held back? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain. _____		
VIII	POST-EMPLOYMENT ACTIVITIES Section 645.220 (e) of 20 CFR		
	11 <input type="checkbox"/> Basic Educational Skills Training <input type="checkbox"/> English-as-a-Second Language (ESL) Training <input type="checkbox"/> Job Mentoring <input type="checkbox"/> Occupational Skills Training <input type="checkbox"/> Other (Specify) _____ Activity concurs with assessment and MIS? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain. _____		
IX	JOB RETENTION/SUPPORTIVE SERVICES/INDIVIDUAL DEVELOPMENT ACCOUNTS Section 645.220 (f) & (g) of 20 CFR		
	12 <input type="checkbox"/> Transportation Assistance <input type="checkbox"/> Substance Abuse Treatment (non medical) <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Emergency Housing Assistance <input type="checkbox"/> Individual Development Accounts <input type="checkbox"/> Other (Specify) _____ Do services concur with assessment and MIS? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain. _____ Are services necessary, reasonable and allowable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
X	JOB PLACEMENT INFORMATION		
	13 Date Entered Unsubsidized Employment: _____ Employer Name: _____ Job Description: _____ Hours per Week: _____ Wages per Hour: _____		

**WELFARE-TO-WORK 15-PERCENT GRANT PROGRAM
CASE FILE REVIEW ISSUES SUMMARY**

SUBGRANTEE: _____ CRD MONITOR: _____ DATE: _____

TYPES OF ISSUES: ELIGIBILITY JOB READINESS ACTIVITIES JOB RETENTION/SUPPORTIVE SERVICES POST EMPLOYMENT ACTIVITIES
 ASSESSMENT/ISS EMPLOYMENT ACTIVITIES INDIVIDUAL DEVELOPMENT ACCOUNTS PRE-EMPLOYMENT ACTIVITIES

#	PARTICIPANT NAME & SSN	TYPE OF ISSUE	WHAT IS THE ISSUE?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**SUBRECIPIENT
WtW 15-PERCENT GRANT
MONITORING REPORT REVIEW TABLE**

Subrecipient Name: _____ **Date Completed:** _____ **CRD Monitor:** _____

Entity Reviewed and Type of Review	Date of Review and Date Report Issued	List all the Issues Identified	CA Requested (Y/N)	Due Dates Requested (Specify)	CA Performed (Y/N)	Date Follow-Up Conducted
Comments:						

WORK ACTIVITY EMPLOYER WtW 15-PERCENT GRANT MONITORING REPORTS REVIEW TABLE

Date Completed: _____

CRD Monitor: _____

Employer Reviewed	Date of Review	Date Report Issued	Reviewed Amounts Claimed* (Y/N)	Reviewed Training Provided* (Y/N)	Issues Identified (Y/N)	Corrective Action Requested (Y/N)	Due Date Requested	Corrective Action Performed (Y/N)	Follow-Up Conducted (Y/N)
Comments:									

*Info. may be contained in either the Subgrantee's Monitoring Guide, Monitoring Reports, or other documentation